

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000152

**FILED**  
**Apr 27, 2008**  
**Secretary of State**

**Entity Name:** NEDIR LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2248 SEAGRAPE CIRCLE  
COCONUT CREEK, FL 33066

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 430  
DRACUT, MA 01826

**New Mailing Address:**

189 JONES AVE  
DRACUT, MA 01826

**FEI Number:** 65-0360052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUCHARME, JUNE B  
2248 SEAGRAPE CIRCLE  
COCONUT CREEK, FL 33066 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: DUCHARME, JUNE B  
Address: 2248 SEAGRAPE CIRCLE  
City-St-Zip: COCONUT CREEK, FL 33066

Document #:

Name: DUCHARME, RICHARD N  
Address: 189 JONES AVENUE  
City-St-Zip: DRACUT, MA 01826

Document #:

Name: ADAMS, DENISE A  
Address: 77 GROVE AVENUE  
City-St-Zip: DRACUT, MA 01826

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: RICHARD N. DUCHARME

MR

04/27/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date